

State Water Resources Control Board  
Underground Storage Tank Cleanup Fund

**AUTHORIZED REPRESENTATIVE DESIGNATION FORM**

CLAIM NO:

CLAIMANT NAME:

SITE ADDRESS: CITY STATE ZIP CODE

CLAIMANT NAME:

SITE ADDRESS: CITY STATE ZIP CODE

The above identified claimant(s) do hereby jointly and severally appoint:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:

COMPANY NAME:

COMPANY ADDRESS CITY STATE ZIP CODE

to sign and file documents necessary to apply to the Underground Storage Tank Cleanup Fund (Fund) for reimbursement of corrective action costs incurred at the site identified above. Any action by the above-named designated authorized representative is for me (us) and in my (our) name and for my (our) use and benefit.

The above-name designated authorized representative is **not** a consultant working on the project site listed above.

I (we) hereby agree and further authorize the above-named designated authorized representative to certify that all applicable state and federal statutory and regulatory requirements pursuant to Chapter 6.75 of the Health and Safety Code (H&SC) and Chapter 18, Petroleum Underground Storage Tank Cleanup Fund Regulations, California Code of Regulations, have and will be complied with.

The signature of the above-named designated authorized representatives is binding upon all claimants party to the above-identified claim.

This Authorized Representative Designation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named claimant(s).

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

AT \_\_\_\_\_, CALIFORNIA

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
PRINTED NAME